

[illegible]

PART 1 (Cont'd)

Impact And Accountability: Please Indicate The Dollar Limitations On Your Authority To:

(1) Incur Expenses _____

(2) Purchase Material And Supplies

Please Indicate The Size Of Annual Expense Budget For Which You Are Responsible:

<p>In What Way Can Your Own Performance Of The Duties And Responsibilities Of Your Position Increase The Level And Effectiveness Of County Services, Reduce Costs, And/OR Prevent Losses?</p>

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PART 1 (Cont'd)	
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Supervisory Responsibility: List The Departments, Units, Or Job Titles You Supervise And The Number Of Employees Supervised.

Department, Unit Or Title	Number Of Employees In Each	Department, Unit Or Title	Number Of Employees In Each

Indicate The Personnel Actions (Hire, Suspend, Promote, Discipline, Etc.) You Have Authority To Take For These Jobs.

Department, Unit Or Title	Personnel Action Authority

Comments: List Any Additional Information You Feel Would Be Helpful In Understanding And Evaluating Your Job. Use Extra Sheets, If Necessary, But Be Sure To Write Your Name On The Sheets And Attach Them To This Questionnaire.

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Do Not Complete Part II On The Back Of This Form. Please Sign This Form And Forward It To Your Immediate Supervisor or Department Head For Completion.

Signature _____ Date _____

PART 2
(TO BE COMPLETED BY IMMEDIATE SUPERVISOR OR DEPARTMENT HEAD)

COMPLETION INSTRUCTIONS

This section is to be completed by the immediate supervisor or department head. It should contain the best estimate of the minimum amount of knowledge, training, experience, and special attributes needed to qualify a person to fill the position. This estimate should be made by considering what qualifications would be the **minimum** acceptable for satisfactory performance **if the position were vacant and it were necessary to select an individual to fill it.**

A. MINIMUM GENERAL EDUCATION

Indicate the level of education that a person would be expected to have in order to qualify for the position. This education can be acquired through home study, special courses, or in ways other than the usual academic processes. The level required, however, should be expressed in terms of years of academic study and degree in order to provide a uniform basis for analysis. (If education beyond the minimum required is considered desirable but not essential, enter the additional amount, but indicate that it is **not** part of the basic requirements.)

B. SPECIALIZED EDUCATION OR TRAINING

Identify required special courses covered during formal education, as well as through additional specialized training, that are considered essential to qualify for the position.

C. MINIMUM PREVIOUS WORK EXPERIENCE

Identify the occupations or fields of specialization in which experience is needed in order to qualify an individual for the position. Also enter the minimum desirable amount of such experience, expressed in years.

D. TYPICAL LINE OF PROGRESSION

Indicate positions typically held before promotion to this position.

E. SPECIAL KNOWLEDGE OR ATTRIBUTES REQUIRED

Indicate any special knowledge, such as fluency in a foreign language, or attributes, such as the ability to communicate effectively with the public, which are required for this position.

F. IMMEDIATE SUPERVISOR'S OR DEPARTMENT HEAD'S COMMENTS

Upon completion of the "qualifications" section of the questionnaire, add any additional information considered pertinent and any exceptions to statements made by the employee. The statements as entered by the employee are **not** to be altered. The questionnaire should then be signed, dated, and forwarded to the Employee Relations Department.

**PART 3 - TO BE COMPLETED BY EMPLOYEE'S IMMEDIATE SUPERVISOR OR
DEPARTMENT HEAD**

Qualifications Required: Base Your Comments On The Assumption That The Position Is Vacant And It Is Necessary To Select An Individual To Fill It.

A. Minimum General Education

B. Specialized Training Programs

C. Minimum Previous Work Experience

Kind Of Experience	Years

D. Typical Line Of Progression: Positions Typically Held Prior To This Position.

Prior Positions	Years

E. Special Knowledge Or Attributes Needed

F. Comments On Employee's Description of Duties

IMMEDIATE SUPERVISOR OR DEPARTMENT HEAD'S SIGNATURE: _____

DATE: _____